

**DOMESTIC
NONPROFIT CORPORATION**

STATE OF MAINE

STATEMENT OF INTENT TO DISSOLVE

(Vote of Members or Directors)

(Name of Corporation)

Filing Fee \$10.00

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [13-B MRSA §1101](#), the undersigned corporation executes and delivers for filing the following statement of intent to dissolve the corporation.

FIRST: The names and respective addresses of its officers and directors are:

Title	Name	Address
President	_____	_____
Treasurer	_____	_____
Secretary	_____	_____
Clerk	_____	_____
Directors:	_____	_____
	_____	_____
	_____	_____

(List additional directors on reverse side)

SECOND: ("X" one box only) Exhibit A attached hereto is a copy of the resolution adopted by:

- ☐ The members of the corporation entitled to vote.
- ☐ The directors of the corporation, there being no members or no members entitled to vote.

THIRD:	Number of Members/Directors	NUMBER	NUMBER
	_____ and Entitled to Vote _____	Voted For _____	Voted Against _____

Totals

FOURTH: All required Reports have been filed with the Secretary of State. (Note: If the dissolution process is completed on or before June 1st, then the Report covering the previous calendar year is not required.)

FIFTH: The undersigned corporation understands that the filing of this document **does not** complete the dissolution process. You must **also file** Articles of Dissolution, Form [MNPCA-11D](#) or [11E](#).

SIXTH: The address of the registered office of the corporation in the State of Maine is _____

 (street, city, state and zip code)

DATED _____ ***By** _____
 (signature)

***MUST BE COMPLETED FOR VOTE
OF MEMBERS***

I certify that I have custody of the minutes showing the above action by the members.

(signature of clerk, secretary or asst. secretary)

 (type or print name and capacity)

***By** _____
 (signature)

 (type or print name and capacity)

Notice of the filing of this statement shall be mailed to each known creditor of the corporation pursuant to [13-B MRSA §1101.2](#).

*This document **MUST** be signed by: ([13-B MRSA §104.1.B](#))

- (1) the **Clerk or Secretary OR**
- (2) the **President** or a Vice-President **together with** the **Secretary** or an assistant secretary, or a 2nd certifying officer **OR**
- (3) if no such officers, then a majority of the **Directors OR**
- (4) if no such directors, then the **Members**.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
 101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**